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Under the Paper of Reduction 4.17 1995, no per	sons are required to respond to a co Application Number	10/564,322		displays a valid OMB control number.	
TRANSMITTAL	Filing Date				
FORM	First Named Inventor	Kai Desing	01/11/2006		
i OKIVI	Art Unit	3709			
	Examiner Name	John R. Di	cicco.		
(to be used for all correspondence after initial filing)	Attorney Docket Number	ļ			
Total Number of Pages in This Submission		3444			
El	NCLOSURES (Check all	that apply)		
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence of Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CI	Address	Appe of Ap Appe (Appe	•	
Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	marks			· :	
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SIGNATURI	E OF APPLICANT, ATTO	RNEY, C	R AGENT		
Firm Name BECK & TYSVER, P.L.L.C.					
Signature	110000				
Printed name Stephanie J. James	Hama				
Date 2/8/08		Reg. No.	34,437		
CERTI	FICATE OF TRANSMISS	ION/MAI	LING	`	
I hereby certify that this correspondence is being fa sufficient postage as first class mail in an envelope the date shown below:					
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Typed or printed name Mary S. Keller	y S. Kelln	,	Date	2-8-08	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicage	Kai Desinger et. al	Examiner:	John R. Dicicco
Serial No.:	10/564,322	Group Art Unit:	3709
Filing Date:	January 11, 2006	Docket No.:	3444
Title	Surgical Probe		

Date of Deposit:	2-	8	-08	
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I hereby certify that this paper is being facsimile transmitted to the USPTO or deposited in the United States Postal Service, as first class mail, in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450

Signature: Mary S. Keller

Printed Name: Mary S. Keller

Supplemental Amendment

Commissioner for Patents Alexandria, VA 22313

This is in supplement to the response filed February 6, 2008 which was responsive to the Office Action of September 6, 2007. Entry of this supplemental amendment is requested. This supplement is made to address two items and Applicant submits that entry of this supplement is proper:

- 1) to fix the labels of the status of claims (a correction of an informality);
- 2) to make an amendment to claim 9 (adoption of an Examiner suggestion); and
 - 3) to the specification (placement of application in condition for allowance).